BEST AVAILABLE COPY

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

1005	8634
u	000 1

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			20				1	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			2 Uminus 20= *		*	*		X\$ 9=		OR	X\$18=	
IND	EPENDENT CL						X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter				r "0" in c	olumn 2		TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II								SMALL E	NTITY	OR	OTHER SMALL	1
		(Column 1)		(Colui	mn 2) IEST	(Column 3)	1 1	SWALL			JINALL I	
ENT A		REMAINING AFTER AMENDMENT	,	NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus			-  -	4	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							ر ز	+140=		OR	+280=	
						'	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)												
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	·-	=		X\$ 9=	, i	OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4.40	***		+280=	
			•				ł	+140=		OR		
	TOTAL OR TOTAL ADDIT. FEE											
_		(Column 1)			ımn 2)	(Column 3	)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		<u> </u> =-	4	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1		<del>                                     </del>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+280= TOTAL	<b></b>		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	nber Previously Pa	aid For" (Total o	r Indepen	dent) is the	e highest numl	ber fo	und in the ap	propriate bo	x in c	olumn 1.	